

**SEEC**

SEATTLE ETHICS &amp; ELECTIONS COMMISSION

File with: Seattle City Clerk  
PO BOX 94728  
Seattle, WA 98124-4728  
Questions: (206) 684-8500  
(206) 615-1248  
polly.grow@seattle.gov

SEEC FORM

**F-1**

(7/18)

SEEC  
DOLLAR  
CODE

AMOUNT

(1)	\$0	--	\$999
(2)	\$1,000	--	\$4,999
(3)	\$5,000	--	\$9,999
(4)	\$10,000	--	\$24,999
(5)	\$25,000	--	\$99,999
(6)	\$100,000	--	\$199,999
(7)	\$200,000	--	\$999,999
(8)	\$1,000,000	--	\$4,999,999
(9)	\$5,000,000 or more		

**PERSONAL  
FINANCIAL  
AFFAIRS  
STATEMENT**

**Deadlines:** Incumbent elected and appointed officials -- by April 15.  
Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.

**SEND REPORT TO Seattle City Clerk**

"immediate family" means: (a) a spouse or domestic partner, or (b) a parent, parent of a spouse or domestic partner, child, child of spouse or domestic partner, sibling, uncle, aunt, cousin, niece or nephew, if that person either resides with or is a dependent on the Covered Individual's most recently filed federal income tax return. SMC 4.16.080

Last Name First Middle Initial

MASSA LOUIS J

Names of immediate family members. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or domestic partner.

BRIJTANY SAMANTHA  
WITNESS (SP)

Mailing Address (Use PO Box or Work Address) \*

PO Box 17437

City SEATTLE County KING Zip + 4 98127-1137

Office Held or Sought

Office title: Seattle City CouncilPosition number: 6Term begins: Jan 2020 ends: Dec 2024

Filing Status (Check only one box.)

☐ An elected or appointed official filing annual report☐ Final report as an elected official. Term expired: \_\_\_\_\_☒ Candidate running in an election: month August year 2019☐ Newly appointed to an elective office**1****INCOME**

List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or an immediate family member, received compensation, in any form, of \$2,400 or more during the period. Include stock options received during the reporting period that had a value of more than \$2,400.

(Report interest and dividends in Item 3.)

Show Self (S)  
Spouse (SP/DP)  
Dependent (D)

Name and Address of Employer or Source of Compensation

Occupation or How Compensation Was Earned

Amount:  
(Use Code)SBrimmer & Hecht  
425 NW Market St  
Seattle, WA 98107

Bar Manager

(5)

SSocial Security Disability Insurance  
912 2nd Ave #320 Seattle WA 98174

Disability Insurance

(4)

SPRumble Monkey  
1425 Broadway Ave, Seattle WA 98122

Marketing Director

(4)

SPBrimmer & Hecht  
425 NW Market St Seattle WA 98107

Marketing

(1)

Check Here ☒ if continued on attached sheet**2****REAL ESTATE**

List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$12,000 in which you or an immediate family member held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

Property Sold or Interest Divested

Assessed Value  
(Use 1-9 Code)

Name and Address of Purchaser

Nature and Amount (Use Code) of Payment or Consideration Received

N/A( )  
( )( )  
( )

Property Purchased or Interest Acquired

Creditor's Name/Address

Payment Terms  
(eg. 20 yrs at 4.3%)

Security Given

Mortgage Amount - (Use Code)  
Original CurrentN/A( )  
( )

CITY CLERK

( )  
( )( )  
( )

All Other Property Entirely or Partially Owned

N/A( )  
( )

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FILED  
CITY OF SEATTLE( )  
( )( )  
( )Check here ☐ if continued on attached sheet**CONTINUE ON NEXT PAGE**

**3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS**

List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.

	Type of Account or Description of Asset	Asset Value (Use 1-9 Code)	Income Amount (Use 1-9 Code)
A. Name and address of each bank or financial institution in which you or an immediate family member had an account over \$24,000 at any time during the report period.		( )	( )
B. Name and address of each insurance company where you or an immediate family member had a policy with a cash or loan value over \$24,000 during the period.		( )	( )
C. Name and address of each company, association, government agency, etc. in which you or an immediate family member, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you or your immediate family member had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. <b>Stock shall be reported by market value at the time of reporting.</b>	Fidelity (FMR LLC) 401K Wells Fargo Mutual Fund	(2) (2) ( ) ( )	(1) (1) ( ) ( )

Check here ☐ if continued on attached sheet.**4 CREDITORS**

List each creditor you or an immediate family member owed \$2,400 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

AMOUNT  
(USE 1-9 CODE)

Creditor's Name and Address	Terms of Payment (eg. 6 years at 5.25%)	Security Given	original	current
USAA FSB 10750 McDermott Freeway USAA FSB 10750 McDermott Freeway	15 years @ 7.94% 6 years @ 5.34%	Boat Loan Auto Loan	(5) (5)	(5) (4)

Check here ☒ if continued on attached sheet.**5 NET WORTH**

Enter your estimated net worth.

Enter Dollar Amount  
\$ -7,500 (Negative)**6** All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate or an appointee to a vacant elective office filing your initial report, no F-1 Supplement is required.

Incumbent elected officials filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you and/or an immediate family member (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? YES If yes, complete Supplement, Part A.
- B. Did you and/or an immediate family member have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? NO If yes, complete Supplement, Part A.
- C. Did you and/or an immediate family member own a business at any time during the reporting period? NO If yes, complete Supplement, Part A.
- D. Did you and/or an immediate family member prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? NO If yes, complete Supplement, Part B.
- E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, and/or an immediate family member accept a gift of food or beverages costing over \$50 per occasion? \_\_\_\_ or 2) Did any source other than your governmental agency provide or pay in whole or in part for you and/or an immediate family member to travel or to attend a seminar or other training? \_\_\_\_ If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- ☐ I hold a local elected office. I have read and am familiar with SMC 2.04.300 regarding the use of public facilities in campaigns.

Contact Telephone: (\_\_\_\_) \_\_\_\_\_ \*

Email: \_\_\_\_\_ (work) \*

Email: \_\_\_\_\_ (Home) Optional

**CERTIFICATION:** I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

Feb 22 2019

Date

Louis Massar

Signature

\*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information. Report Not Acceptable Without Filer's Signature



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SEEC FORM  
**F-1**  
SUPPLEMENT  
(7/18)

**SUPPLEMENT PAGE**  
**PERSONAL FINANCIAL AFFAIRS STATEMENT**

**PROVIDE INFORMATION FOR YOU AND ANY IMMEDIATE FAMILY MEMBERS**

Last Name **MASSA** First **LOUIS** Middle Initial **J** DATE **Feb-22-2019**

**A**

**OFFICE HELD,  
BUSINESS  
INTERESTS:**

Provide the following information if, during the reporting period, you or any immediate family member

- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
- (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.

- Legal Name: Report name used on legal documents establishing the entity.
- Trade or Operating Name: Report name used for business purposes if different from the legal name.
- Position or Percent of Ownership: The office, title and/or percent of ownership held.
- Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
- Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
- Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$12,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
- Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

**ENTITY NO. 1**

Reporting For: Self ☒ Spouse ☐

Registered Domestic Partner ☐ Dependent ☐

LEGAL NAME: **William C Stacey American Legion Post 206**

POSITION OR PERCENT OF OWNERSHIP  
**Governor/Chaplain (0%)**

TRADE OR OPERATING NAME: **11**

ADDRESS: **11 32 North 77th St. Seattle WA 98103**

**BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:**

**William C Stacey American Legion Post 206 Empowers Veterans + Citizens to serve their community developing not only civic ties with each other, but leadership + mutual understanding. We strive to improve not only the lives we live but the lives of all in our city, state, & Nation**

**PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:**

Purpose of payments

Amount (actual dollars)

**N/A**

**\$ 0**

**PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:**

Agency name:

Purpose of payment (amount not required)

**N/A**

**PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE**

Customer name:

Purpose of payment (amount not required)

**N/A**

**WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):**

Check here ☒ if continued on attached sheet

**CONTINUE PARTS B AND C ON NEXT PAGE**

Name

MASSA, LOUIS, J

ENTITY NO. 2

Reporting For: Self ☒ Spouse ☐Registered Domestic Partner ☐ Dependent ☐

LEGAL NAME:

American Legion Evergreen Boys State  
Program Staff

POSITION OR PERCENT OF OWNERSHIP

Assistant Director (0%)

TRADE OR OPERATING NAME:

ADDRESS: 3600 Ruddell Rd SE, Lacey WA 98503

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: To develop civic leadership & pride in young American citizenship. It is our hope that each young man attending Boys State will return to their community a better citizen. We desire to arouse in him a personal desire to demonstrate this fact by his willingness to make civic contributions that will help to make his community a better place in which all may live.

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

N/A

Amount (actual dollars)

\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:

Agency name:

N/A

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE

Customer name:

N/A

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here ☐ if continued on attached sheet

**B LOBBYING:** List persons for whom you, or any immediate family member, lobbied or prepared state legislation or state rules, rates, or standards for compensation or deferred compensation. Do not list pay from government body in which you are an elected official or professional staff member.

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code 1-9)
		( )
		( )
		( )

Check here ☐ if continued on attached sheet

**C FOOD TRAVEL SEMINARS** Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code 1-9)
			\$	( )
				( )
				( )

Check here ☐ if continued on attached sheet

# Information Continued

# F-1 Supplement

Name

ENTITY NO.

Reporting For: Self ☐ Spouse ☐

Registered Domestic Partner ☐ Dependent ☐

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

## B LOBBYING: (Continued)

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code 1-9)
		( )
		( )
		( )

## C FOOD TRAVEL SEMINARS (continued)

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code 1-9)
			\$	( )
				( )
				( )



# Information Continued

# F-1 Supplement

FILED  
CITY OF SEATTLE

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CITY CLERK

Name

ENTITY NO.

Reporting For: Self ☐ Spouse ☐

Registered Domestic Partner ☐ Dependent ☐

POSITION OR PERCENT OF OWNERSHIP

LEGAL NAME:

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

## B LOBBYING: (Continued)

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code 1-9)
		( )
		( )
		( )

## C FOOD TRAVEL SEMINARS (continued)

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code 1-9)
			\$	( )
				( )
				( )



# 1 INCOME

SP Mathew Steele Salon + Spa  
6417 Roosevelt Way NE STE 204  
Seattle WA 98115

Customer Relations 3

## 4 Creditors

Virginia Mason Medical Center  
1100 9th Ave Seattle WA 98101

Two years @ 0%  
medical debt 3 3